



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MONROE HOSPITAL

City of Hospital: Boominton

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Steven Reynolds

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Medicare Provider Number: 15-0183

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$38695159
Outpatient Patient Service Revenue	\$86815628
Total Gross Patient Service Revenue	\$125510787

2. Deductions From Revenue

Contractual Allowance	\$47890926
Other Deductions	\$48240570
Total Deductions	\$96131496

3. Total Operating Revenue

Net Patient Service Revenue	\$64101751
Other Operating Revenue	\$112727
Total Operating Revenue	\$64214478

4. Operating Expenses

Salaries and Wages	\$10207804	Employee Benefits	\$4094159
Depreciation and Amortization	\$2132646	Interest Expense	\$2485819
Bad Debt	\$34722459	Other Expenses	\$14398988
Total Operating Expenses	\$68041875		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3827171	Total Assets	\$1229870
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$8398202

Total Net Gains	\$-3827171
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$63175435	\$46402890	\$16772545
Medicaid	\$17731981	\$11735832	\$5996149
Other Government	\$937961	\$574375	\$363586
Other State	\$0	\$0	\$0
Other Payers	\$43665418	\$37418396	\$6247022
Total	\$125510795	\$96131493	\$29379302

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments